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PART-IIA

GOVERNMENT OF MEGHALAYA

NOTIFICATIONS

The 11th March, 2019.

ADDENDUM

No.FEM.56/2016/34. – In partial Modification of the Notification No.FEM.55/2016/26, dated 28th February, 2017, the following rates of Mileage Allowance shall be added.

Sl. No.	Class of Vehicles	Allotted Vehicle		Own Vehicle in respect of Grade I & II Govt. employee	
		Age of Vehicle 0 - 4 years.	Age of Vehicle above 4 years.	Age of vehicle 0 - 4 years.	Age of Vehicle above 4 years.
DIESEL vehicle by make					
1.	<u>NISSAN</u>				
	NISSAN SUNNY	18	16	18	16
PETROL vehicle by make					
1.	<u>NISSAN</u>				
	NISSAN SUNNY	15	13	15	13
2.	<u>CHEVROLET</u>				
	Chevrolet Spark	13	11	13	11

D. VIJAY KUMAR,

Commissioner & Secretary to the Government of Meghalaya,
Finance Department.

The 7th March, 2019.

No.AGRI(G)29/2017/34. - In pursuance of the decision and the recommendation of the Departmental Price Fixation/Revision Committee meeting held on the 1st February, 2019, the Governor of Meghalaya is pleased to revise the rates for hiring of Agricultural Machineries in the Directorate of Agriculture (Engineering Wing) under Agriculture Department, with effect from the 1st April, 2019 to 31st March, 2020 as follows:-

Sl. No.	Type of Machinery & Works	Existing Rates at 150% as on November, 1995 at 60% Subsidy (₹)	Approved New Rates at 100% over the existing rates 60% Subsidy (₹)	Existing Non-Agriculture Rates as on November, 1995	Approved New Rates at 100% over the existing rates
1	Bull Dozer: Bharat DSO				
i	15-19 Hp Heavy Dozing	₹ 375/ Hour	₹ 750/ Hour	₹ 1,175/ Hour	₹ 2,350/ Hour
ii	Light Dozing	₹ 300/ Hour	₹ 600/ Hour	₹ 875/ Hour	₹ 1,750/ Hour
2	Tractor:				
a	Land Preparation				
i	Ploughing/ Cultivating	₹ 350/ Acre	₹ 700/ Acre	Does not arise	Does not arise
ii	Harrowing/Interculture	₹ 262/ Acre	₹ 524/ Acre	Does not arise	Does not arise
iii	Levelling/Terracing	₹ 150/ Acre	₹ 300/ Acre	₹ 250/ Acre	₹ 500/ Acre
b	Haulage:				
i	At no load	₹ 4.60/ Km	₹ 9.20/ Km	Does not arise	Does not arise
ii	At half load (below 4 MT)	₹ 5.50/ Km	11.00/ Km	Does not arise	Does not arise
iii	At full load	₹ 5.90/ Km	₹ 11.80/ Km	Does not arise	Does not arise
3	Power Tiller:				
i	Tilling	₹ 500/ Acre	₹ 1,000/ Acre	Does not arise	Does not arise
ii	Puddling	₹ 375/ Acre	₹ 750/ Acre	Does not arise	Does not arise
4	Power Paddy Reaper:				
i	Harvesting	₹ 40/ Hour	₹ 80/ Hour	Does not arise	Does not arise
5	Truck:				
a	Haulage:				
i	At no load	₹ 3.50/ Km	₹ 7.00/ Km	₹ 11.75/ Km	₹ 23.50/ Km
ii	Less than 1 MT	₹ 4.00/ Km	₹ 8.00/ Km	₹ 12.50/ Km	₹ 25.00/ Km
iii	Over 1 MT - 2 MT	₹ 4.50/ Km	₹ 9.00/ Km	₹ 14.00/ Km	₹ 28.00/ Km
iv	Over 2 MT-3 MT	₹ 5.00/ Km	₹ 10.00/ Km	₹ 15.50/ Km	₹ 31.00/ Km
v	Over 3 MT-4 MT	₹ 5.50/ Km	₹ 11.00/ Km	₹ 17.25/ Km	₹ 34.50/ Km
vi	Over 4 MT - 5 MT	₹ 6.00/ Km	₹ 12.00/ Km	₹ 18.75/ Km	₹ 37.50/ Km
vii	Over 5 MT - 6 MT	₹ 6.50/ Km	₹ 13.00/ Km	₹ 20.00/ Km	₹ 40.00/ Km
viii	Over 6 MT - 7 MT	₹ 7.00/ Km	₹ 14.00/ Km	₹ 21.80/ Km	₹ 43.60/ Km
ix	Over 7 MT - 8 MT	₹ 7.50/ Km	₹ 15.00/ Km	₹ 23.40/ Km	₹ 46.80/ Km
x	Over 8 MT - 9 MT	₹ 8.00/ Km	₹ 16.00/ Km	₹ 25.00/ Km	₹ 50.00/ Km
xi	Over 9 MT -10 MT	₹ 8.50/ Km	₹ 17.00/ Km	₹ 26.50/ Km	₹ 53.00/ Km
xii	Over 10 MT -11 MT	₹ 9.00/ Km	₹ 18.00/ Km	₹ 28.20/ Km	₹ 56.40/ Km
xiii	Over 11 MT-12MT	₹ 9.50/ Km	₹ 19.00/ Km	₹ 29.75/ Km	₹ 59.50/ Km
xiv	Over 12 MT -13 MT	₹ 10.00/ Km	₹ 20.00/ Km	₹ 31.25/ Km	₹ 62.50/ Km

Sl. No.	Type of Machinery & Works	Existing Rates as on 24 th January, 2011 at 60% Subsidy (₹)	Approved New Rates at 100% over the existing rates 60% Subsidy (₹)	Existing Non-Agriculture Rates as on 24 th January, 2011	Approved New Rates at 100% over the existing rates
6	Dumper JCB Model 3DX	₹ 500/Hour	₹ 1,000/Hour	₹ 2,000/Hour	₹ 4,000/Hour

Further, the above rates -

- (i) Will be increased by 5% in every financial year.
- (ii) Shall be applicable for hiring for agricultural purposes only. No other kind of use is permitted.

K. N. KUMAR,

Additional Chief Secretary to the Govt. of Meghalaya,
Agriculture & Agriculture Production Commissioner.

The 28th March, 2019.

No.AGRI (E) 76/2011/147. - The Governor of Meghalaya is pleased to order that the words "B.Sc. (Agri.), B.Sc. (Horti.) or equivalent degrees from recognised Indian Universities" appearing in the Amendment of Schedule II (Rule 7) items 41 to 43, column 4 of the Meghalaya Agricultural Service Rules, 1996, *vide* this Department's Notification No. AGRI(E) 17/2012/11, dated 25th June, 2012, **stand substituted** by the words "B.Sc. (Honours) Agriculture / Horticulture from recognised Indian Universities", with immediate effect.

K. N. KUMAR,

Additional Chief Secretary to the Govt. of Meghalaya,
Agriculture etc. Departments.

The 29th March, 2019.

No.JHADC/LEG/B/6/2019/31. - It is hereby notified for general information that the Jaintia Hills Autonomous District in its Budget Session held on the 27th March, 2019 (Wednesday) at 1:30 p.m. in the District Council Hall, Jowai has duly elected **Shri Ailad Bhoi, Member of the District Council** as the new **Deputy Chairman** of the Council.

L. BIAM,

Chairman, District Council,
Jaintia Hills Autonomous District Council,
Jowai.

The 30th March, 2019.

ADDENDUM

No.LBG.73/12/Pt.I/322. - The Meghalaya Building and Other Construction Workers (Regulation of Employment and Condition of Service) Rule 2008 as per Notification No.LBG. 73/12/Pt/314, dated 19th February, 2019 have been notified in the Gazette of Meghalaya on 14th March, 2019. However, Forms No. XXVII to XLVI which has been specified in the above Rules has not been attached along with the Rules while publishing in the Gazette.

Now, in continuation of this Department's Notification No.LBG.73/12/Pt 314, dated 19th February, 2019 as indicted above, the Forms XXVII to XLVI as specified in the Rules are published herewith for information of all concerned.

R. RAPTHAP,
Secretary to the Govt. of Meghalaya,
Labour Department.

**“FORM – XXVII
MEGHALAYA BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE
BOARD**

**Application for Registration
[See Rule 272 (4)]**

1. Name :
2. Male/ Female
- 3(a) Present Address :
- (b) Permanent Address :
4. Contact No. :
5. Whether SC/ST :
6. Name of Father :
7. Marital Status : (Married, Unmarried or Widow)
8. Date of Birth
9. Name, Address & Register No. of the :
establishment where the applicant is currently
working
10. Nature of job/employment (Trade) :
11. ESI/PF. No. :
12. Name and address of current employer :
13. Total Service :
14. Rate of subscription :

15. Name of Bank & Branch of the Applicant (copy :
of Bank Pass Book to be enclosed)

16. If the applicant is already a member of any other :
welfare Board, the name of such boards &
registration No. of the applicant.

17. Name of wife / husband :

18. Whether wife/ husband a member of this Board
(If Yes, Registration No.)

The above facts are true to the best of my knowledge and information.

Place :

Date :

Signature of applicant

Name & Signature of employer

For Office Use:

Registration No. assigned:-

“FORM NO. XXVIII**MEGHALAYA BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE
BOARD**

Nomination Form

(See Rule 272(7))

I nominate the following person/persons as rightful dependents to receive all the dues from the fund on my behalf and in the event of my death, as rightful heirs to receive all benefits due to me.

Name and address of Nominee/Nominees	Relationship with Member	Age of Nominee	Amount to be given to each Nominee

Place :-

Date :-

Name, Address & Registration No. of the worker

.....

LIST OF FAMILY MEMBERS

Sl. No.	Name	Relationship	Age	Class of School going children
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Place:

Date:

Signature of Worker

“FORM NO. XXIX
FORM OF IDENTITY CARD
MEGHALAYA BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE
BOARD

(See Rule 272 (8))

Photo

Page – I

Signature, Date & Official

Designation of the

Registering authority

(with Office seal)

Page – II

Registration No.:

Date of Registration:

1. Name of Member :
2. Male / Female :
3. Marital Status : Married/Unmarried
4. Date of Birth :
5. Completed age :
6. Date of Retirement
7. Full Address :
8. Name of Job/Employment
9. District :
10. Name of Wife/Husband
11. Address :
12. Whether Wife/ Husband is a member of this Board
If yes, name and Registration No.
13. Name of Nominee relationship
with the member.

Signature/Thumb Impression
of the member

(Official designation & Signature of
Registering Authority)

Page – III-IV

Statement of Monthly Contribution

[illegible]

FORM NO. XXXIII
MEGHALAYA BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE
BOARD

[See Rule 277]

APPLICATION FOR MATERNITY BENEFIT

I. BENEFICIARY DETAILS

1.	Registration No. & Date of Registration	:
2.	Name of BOCW	
3	Permanent Address	:
(a)	Present Address	:
(b)	Date of Birth	:
4.	Date of payment of last Subscription	
5.	Name of the Bank & A/c No. (copy of Bank Pass Book is to be enclosed)	

II APPLICANT DETAILS

7.	Name of Husband	:
8.	Date of confinement	:
9.	Have you applied for this benefit earlier	:
10.	If so, how many time and give details	:
11.	List of documents submitted	:
	(a) MBOCWWB I. D.	
	(b) Medical Certificate & Prescriptions, Receipts etc.	

The facts furnished above are true to my knowledge and information.

Place:

Date:

Name and Signature of applicant

III. For Office Use:

13.	Total amount Remitted:
14.	Any history of default:

FORM NO. – XXXIV
MEGHALAYA BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE
BOARD

APPLICATION FOR PENSION

[See Rule (1) 279]

I. BENEFICIARY DETAILS

1. Registration No. & Date of Registration	:
2. Name of BOCW	:
3 (a) Permanent Address	:
(b) Present Address	:
4. Date of Birth	:
5. Date of payment of last Subscription and amount	:
6. Name of the Bank & A/c No. (copy of Bank Pass Book is to be enclosed)	:

II APPLICANT DETAILS

7. Date of completion of 60 years	:
8. List of documents	:
a) MBOCWWB ID	:
b) EPIC/Birth Certificate/Any other relevant document	:

The facts furnished above are true to my knowledge and information

Place :

Date :

Name & signature of applicant

III. For Office Use

9. Total amount remitted till date:
10. Default if any and reasons thereof for payment of subscription.

FORM NO. XXXVII
MEGHALAYA BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE
BOARD

[See Rule 281 (2)]
APPLICATION FOR DISABILITY PENSION

I. BENEFICIARY DETAILS

1.	Registration No. & Date of Registration	:
2.	Name of BOCW	:
3.(a)	Permanent Address	:
(b)	Present Address	:
4.	Date of Birth	:
5.	Date of payment of last Subscription	:
6.	Name of the Bank & A/c No (copy of Bank Pass Book is to be enclosed)	:

II. APPLICANT DETAILS

7.	Details of disease/accident	:
8.	Nature of disability due to disease/accident	:
9.	Details of treatment in Hospitals	:
(a)	Date of admission	:
(b)	Date of discharge (Discharge slip to be enclosed)	:
10.	Amount spent for treatment (should be supported by medical bills, prescription & countersigned by the treating doctor)	:
11.	List of documents submitted	:
(a)	MBOCWWB I.D.	:
(b)	Medical Certificate (to be countersigned by DMHO if admitted in private hospital):	:
(c)	Medical Bills	:
(d)	Disability Certificate	:
12.	Details of benefits received if any before	:
13.	Details of benefits received if any from Government or any other institution for the above treatment.	:

The above facts are true to my knowledge and information.

Place :

Date :

Name & signature of applicant.

III. For Office Use

14. Total amount of subscription paid:
15. Any history of default:

FORM NO. XXXVIII**MEGHALAYA BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE
BOARD****(See Rule 282)****APPLICATION FOR ONE TIME GRANT FOR PURCHASE OF TOOLS****I. BENEFICIARY DETAILS**

1.	Registration No. & Date of Registration	:
2.	Name of BOCW	:
3. (a)	Permanent Address	:
(b)	Present Address	:
4.	Date of Birth	:
5.	Date of payment of last Subscription and amount	:
6.	Name of the Bank & A/c No. (copy of Bank Pass Book is to be enclosed)	:

II APPLICANT DETAILS

7.	Monthly Income	:
8.	Details of Guarantor	:
(a)	Name & Address of Guarantor	:
(b)	Occupation & Address of Guarantor	:
9.	PARTICULARS OF INSTRUMENTS TO BE PURCHASED	
	(A) Description	
	(B) Make (if any)	
	(C) Model (if any)	
	(D) Invoice price (copy enclosed)	
	(E) Name & Address of supplier/dealer	
10.	a. Amount of loan applied for	
	b. No. of monthly installments proposed for repayment.	
	(not more than 60 installments)	

DECLARATION

- a. I/We confirm that the funds will be used for the stated purpose only and will not be used for speculation and/or anti-social purpose.
- b. I/we understand that the board has the right to recall the funds if they are not used for the stated purposes.
- c. I/we understand that the sanction of the facility is at the discretion of the Board and I/we will execute necessary Security Documents as per the Board's requirements to its satisfaction.

Place :

Date :

Signature of applicant

III. For Office Use

11. Total amount of subscription till date:

12. Any history of default:

FORM NO. XXXIX**MEGHALAYA BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE
BOARD**

(See Rule 283)

APPLICATION FOR FUNERAL BENEFIT**I. BENEFICIARY DETAILS**

1.	Registration No. & Date of Registration	:
2.	Name of worker	:
3 (a)	Permanent Address	:
(b)	Present Address	:
4.	Date of Birth	:
5.	Date of payment of last Subscription	:
6.	Name of the Bank & A/c No. (copy of Bank Pass Book is to be enclosed)	:

II. APPLICANT DETAILS

7.	Name of applicant	:
8. (a)	Present Address	:
(b)	Permanent Address	:
9.	Relationship of Applicant with the worker	:
10.	Date of death of the worker	:
11.	Reason for death	:
12.	Whether applicant is the nominee of the worker: Yes / No (if No then succession certificate is to be enclosed)	
13.	Name, age & date of birth of the nominee	:
14.	If nominees are minor, name of guardian and: his relationship with the children	
15.	Whether consent letters from other nominees: submitted ? (Where the No. of nominees is more than one)	
16.	Whether certificate of guardianship submitted: by the minor children.	

- Applicant to submit ID & address proof

The above facts are true to my best of knowledge and information.

Place :

Date :

Name & address of applicant

III. For Office Use

17. Duration of membership:
18. Total amount remitted till date:
19. Any history of default:

FORM NO. XL
MEGHALAYA BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE
BOARD

[See Rule 284 (2)]

APPLICATION FOR DEATH BENEFIT

I. BENEFICIARY DETAILS

1.	Registration No. & Date of Registration	:
2.	Name of Worker	:
3 (a)	Permanent Address	:
(b)	Present Address	:
4.	Date of Birth	:
5.	Date of payment of last Subscription	:
6.	Name of the Bank & A/c No. (copy of Bank	:
	Pass Book is to be enclosed)	

II. APPLICANT DETAILS

7.	Name of applicant	:
8. (a)	Present Address	:
(b)	Permanent Address	:
9.	Relationship with worker	:
10.	Marital Status of the worker	:
11.	Nature of Death	:
12.	Details of documents submitted	:
(a)	Death Certificate	:
(b)	MBOCWWB ID card	:
(c)	Medical Certificate of cause of death issued by Registrar of Births & Deaths	
13.	Whether applicant is nominee ?	:
14.	If nominees are minor, name of guardian and: his relationship with the children	
15.	Whether consent letters from other nominees: submitted ? (Where the No. of nominees is more than one)	
13.	Whether certificate of guardianship submitted : by the minor children.	

- Applicant to submit ID & address proof

The above details are true to my knowledge and information.

Place :

Date :

Name and signature

III. For Office Use

14. Total amount remitted till date:	
15. Any history of default:	

FORM NO. XLI
MEGHALAYA BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE
BOARD

[See Rule 284 (5)]

Register of Death Benefit

For Office Use

Sl. No.

Date of receipt of application:

Name & Registration No. of worker:

Period of remittance:

Date of Birth:

Order No. & Date:

Name & Address of nominee :

Relationship to member:

Amount of Death Benefit:

Refund of subscription (Rule 292):

Total amount:

Signature of Official

FORM NO. XLII
MEGHALAYA BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE
BOARD

(See Rule 285)

APPLICATION FOR CASH AWARD

I. BENEFICIARY DETAILS

1.	Registration No. & Date of Registration	:	I
2.	Name of Worker	:	
3.(a)	Permanent Address	:	
(b)	Present Address	:	
4.	Date of Birth	:	
5.	Date of payment of last Subscription		
6.	Name of the Bank & A/c No. (copy of Bank Pass Book is to be enclosed)		

II. APPLICANT DETAILS

7.	Name of Student	:	II
8.	Male /Female	:	
9.	Name of Examination Passed:		Year of Passing:
10.	Name & Address of School:		
11.	Date of Birth	:	
12.	Whether SC/ST	:	
13.	Marks obtained in the Examination (mark sheet enclosed) :		

The facts mentioned above are true to the best of my knowledge

Place :

Date :

Signature of the Student

III. For Office Use

14.	Total amount remitted till date:
15.	Any history of default:

I, (Name & Address) am a member of Meghalaya Building and Other Construction Workers' Welfare Board and my Registration No. isShri/Kumis my son/daughter. The facts mentioned in the application are true, and if they are found to be false later, all the benefit received from the Board will be remitted back. I hereby agree that the decision taken by the Board in this regard will be final.

Place :

Date :

Signature of the parent.

FORM NO. XLIII
MEGHALAYA BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE
BOARD

(See Rule 287)

Application for Medical Benefit/Annual Medical Allowance

I. BENEFICIARY DETAILS

1.	Registration No. & Date of Registration	:
2.	Name of Worker	:
3 (a)	Permanent Address	:
(b)	Present Address	:
4.	Date of Birth	:
5.	Date of payment of last Subscription	
6.	Name of the Bank & A/c No (copy of Bank Pass Book is to be enclosed)	

II. APPLICANT DETAILS

7.	Name of applicant (if other than the BOCW):
8.(a)	Present Address :
(b)	Permanent Address :
9.	Details regarding disease/surgery :
10.	Disability if any, due to disease or surgery:
11.(a)	Period of treatment as inpatient in Hospital:
(b)	Date of admission in the hospital:
(c)	Date of discharge (Discharge slip to be enclosed)
12.	List of documents submitted
(a)	MBOCWWB I.D.
(b)	Medical Certificate:
(c)	Medical Receipts, prescription, etc.:
13.	Details of medical benefits received : if any earlier.

The facts mentioned above are true to my knowledge and information.

Date:

Place :

Name and Signature

III. For Office Use

14.	Total amount remitted :
15.	Any history of default:

FORM NO. XLV
MEGHALAYA BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE
BOARD

(See Rule 289)

APPLICATION FOR MARRIAGE ASSISTANCE

I. BENEFICIARY DETAILS

1.	Registration No. & Date of Registration	:
2.	Name of Worker	:
3 (a)	Permanent Address	:
(b)	Present Address	:
4.	Date of Birth	:
5.	Date of payment of last Subscription	:
6.	Name of the Bank & A/c No (copy of Bank Pass Book is to be enclosed)	:

II. APPLICANT DETAILS

7. If application is for marriage of:

- (a) Son/ Daughter
- (b) Whether husband or wife, a member of this Board
- (c) If son/daughter or to be son-in-law / daughter-in-law are members of BOCW, if yes I.D. No.
- (d) If so, has he/she applied for the financial assistance
- (e) Date of birth of the son/daughter who is getting married
- (f) Date & No. of the marriage certificate
- (g) Name and address of authority who issued the Certificate
- (h) Have you applied for financial assistance for the marriage of any other son/ daughter, if so, details of the same

8. If application is for the marriage of self (for women worker only)

- (a) Name and address of husband/ bridegroom
- (b) Date & place of marriage :
- (c) No. & Date of Marriage certificate :

9. Are you in receipt of any financial assistance for the purpose from Government of any other institution?

10. List of documents submitted

(a) MBOCWWB I. D.

(b) Marriage Certificate

The above facts are true to the best of my knowledge and information.

Place :

Date :

Name & Signature of the Applicant

.....

III. For Office Use

11. Duration of membership & subscription paid so far:

12. History of default, if any:

FORM NO. XLVI
MEGHALAYA BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE
BOARD

(See Rule 290)

APPLICATION FOR FAMILY PENSION

I. BENEFICIARY DETAILS

1.	Registration No. & Date of Registration	:
2.	Name of Worker	:
3 (a)	Permanent Address	:
(b)	Present Address	:
4.	Date of Birth	:
5.	Date of payment of last Subscription	:
6.	Name of the Bank & A/c No. (copy of Bank Pass Book is to be enclosed)	:

II. APPLICANT DETAILS

7.	Address of the pensioner/worker	:
8.	Relationship with worker	:
9.	Date of death of the worker	:
10.	Monthly pension received by the worker	:
11.	Whether applicant is receiving pension from Government/Semi-Government or any other institution? If yes, details thereof.	:
12.	List of documents submitted	:
	(a) MBOCWWB ID Card	
	(b) Death Certificate	

The above facts are true to the best of my knowledge and information.

Place :

Date :

Name & Signature of the Applicant

III. For Office Use Only:

13. Total amount remitted till date:
14. Any history of default:

FORM NO. XLIV
MEGHALAYA BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE
BOARD

(See Rule 288)

APPLICATION FOR EDUCATIONAL SCHOLARSHIP

I. BENEFICIARY DETAILS

1. Name of beneficiary
 2. Registration No. & Date
 3. Present Address
 4. Permanent Address
 5. Date of Birth of BOCW
 6. Date of payment of last subscription
 7. Name of the Bank & A/c No.
- (copy of Bank Pass Book is to be enclosed)

II. APPLICANT DETAILS

- | | |
|----------------|--------|
| Name of Course | Year : |
|----------------|--------|
8. Name of Student :
 9. Male/Female :
 10. SC/ST (certificate to be enclosed) :
 11. Name of School /College & affiliated University/Board :
 12. Name & Year of Course :
 13. Date of admission to the course :
 14. Date of birth of the Student :
 15. Details of Qualifying exams:
 - (a) Name
 - (b) University/ Board
 - (c) Month/ Year of passing
 16. Marks scored in the qualifying Examination: (Marksheet to be enclosed)
 17. (a) Name of parents /Guardian of applicant :
 (if Guardian then dependency certificate is to be enclosed)
 (b) Registration No. & Date :
 (c) Permanent Address with Contact No. :
 (d) Date of payment of last subscription :

18. List of documents to be enclosed:

- a) MBOCWWB ID Card
- b) Marksheet
- c) Birth Certificate

The facts mentioned above are true to the best of my knowledge.

Place :

Date :

Name & Signature of the student

Name & Signature of the worker.

III. For Office Use Only:

19. Total amount remitted till date:

20. Any history of default:

Verification / information to be furnished by the Head of the School / Institute:

It is certified that the information filled in the above mentioned columns by Shri / Kumari

_____ s/o / d/o Shri _____

who is admitted in class _____ for the academic session _____ in

_____ school / institute is correct.

He / She has been promoted from _____ to _____ in the academic year ____

_____ to _____ in the academic year _____

and she / he is not in receipt of nor has applied for scholarship from any other Source.

Date:

Place:

Signature of Head of the School/College/Institute
with official seal.
